FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1425	83'/				
OMB APPROVAL					
OMB Number: Expires:	3235-0076 April 30, 2008				
Estimated average hours per form	1.00				

SEC USE ONLY					
Prefix	Serial				
DATE R	ECEIVED				

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Alden Global India Fund, Ltd. (the "Issuer")	
	Section 4(6) DEDUCESSEL
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	FEB U 4 2008
Enter the information requested about the issuer	THOMSON
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Alden Global India Fund, Ltd.	FINANCIAL
Address of Executive Offices (Number and Street, City, State, ZIP Code) P.O Box 1234, Queensgate House, Grand Cayman, KY1-1108, Cayman Islands	Telephone Number (Including Area Code) (345) 815-1701
Address of Principal Business Operations (if different from Executive Offices) same as above (Number and Street, City, State, ZIP Code)	Telephone Number (Including Area Code) same as above
Brief Description of Business To invest in Alden Global India Master Fund, Ltd. which invests in a portfolio of public and printering investment manager believes have high growth potential and relatively low valuations.	vate securities of Indian businesses that the
Type of Business Organization	cify): Cayman Islands Exempted Company
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Actual DEC

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDI	ENTIFICATION DATA				
2. Enter the information	requested for the fo	ollowing:					
 Each promoter of the issuer, if the issuer has been organized within the past five years; 							
• Each beneficial ow the issuer;	mer having the po-	wer to vote or dispose, or	r direct the vote or disposition	of, 10% or more of	a class of equity securities of		
Each executive off	icer and director o	f corporate issuers and of	corporate general and managi	ng partners of partne	rship issuers; and		
 Each general and n 	nanaging partner o	of partnership issuers.					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, Alden Global Managemen	if individual) t Limited (the "M	fanager")					
Business or Residence Addr Whiteley Chambers, Don S	ess (Number and S Street, St Helier, .	Street, City, State, Zip Cod Jersey JE4 9WG, Chann	de) net Islands				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, Alden Global, a division of	if individual) Smith Managem	nent, LLC (the "Investm	ent Manager")				
Business or Residence Addr 885 Third Avenue, 34th Flo	ess (Number and Sor, New York, No	Street, City, State, Zip Co ew York 10022					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, Chaplin, Clive							
Business or Residence Addr c/o Alden Global Manager	ess (Number and S nent Limited, Wh	Street, City, State, Zip Co hiteley Chambers, Don S	de) Street, St Helier, Jersey JE4 !	9WG, Channel Islar	nds		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, Wignall, Andrew					4		
Business or Residence Addr c/o Alden Global Manager	ess (Number and S nent Limited, Wi	Street, City, State, Zip Co hiteley Chambers, Don S	ode) Street, St Helier, Jersey JE4	9WG, Channel Islai	nds		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, Wilson, Duncan	if individual)						
Business or Residence Adda c/o Alden Global Manager	ress (Number and ment Limited, Wi	Street, City, State, Zip Co hiteley Chambers, Don S	ode) Street, St Helier, Jersey JE4	9WG, Channel Isla	nds		
Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first, Plohg, Jim							
Business or Residence Add	ress (Number and on of Smith Mana	Street, City, State, Zip Congement, LLC, 885 Third	ode) d Avenue, 34 th Floor, New Yo	ork, New York 1002	2		
Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first Dungan Partners L.P.	, if individual)						
Business or Residence Add							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
 Each promoter of the issuer, if the issuer has been organized within the past five years; 									
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 									
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and managing partner of partnership issuers. Clark December Managing partner of partnership issuers.									
Check Box(es) that Apply: Promoter Beneficial Owner Becentification of the Managing Partner									
Full Name (Last name first, if individual) Kesmere Limited									
Business or Residence Address (Number and Street, City, State, Zip Code) 4th Floor, Standard Bank House, 1 Circular Road, Douglas, Isle of Man									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<u> </u>				В.	INFORM/	ATION AB	OUT OFF	ERING					
									YES	NO NZ			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											\boxtimes		
Answer also in Appendix, Column 2, if filing under ULOE.										e a 000	000*		
2. What is the minimum investment that will be accepted from any individual?									•••••	\$2,000,000*			
C. bind as the diameter of the Board of Directors on the Manager as its delegate to lower such amount.										YES	NO		
* Subject to the discretion of the Board of Directors, or the Manager as its delegate, to lower such amount. 3. Does the offering permit joint ownership of a single unit?										\boxtimes			
 Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be a similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. 										nmission			
or sim	ilar remunei	ration for s	solicitation	of purchas	sers in conr	ection with	sales of se	curities in t	he offering	g. Itaper	son to be		
listed	s an associa broker or de	ted person	or agent of	ora broker ive (5) ners	or dealer re sons to be li	gistered wi	in the SEC a sociated per	sons of suc	h a broker	or dealer,	you may		
set for	th the inform	nation for	that broker	or dealer	only.								
Full Name (La	st name firs	t, if indivi	dual)										
N	. L.I.												
Not Applies		dunna (Nice	wheread S	trant City	State 7in	Code)							
Business or R	esidence Ad	aress (Nui	moer and S	treet, City,	State, Zip	Code							
						<u> </u>		 					
Name of Asso	ciated Brok	er or Deal	er										
States in White	h Person I :	sted Line S	olicited or	Intends to	Solicit Pur	chasers							
	"All States"											All State	s
(AL)	[AK]	[AZ]	[AR]	[CÁ]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[บา]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (L	ast name fire	st, if indivi	idual)										
Business or R	osidonas Ad	Idraga (Nius	mher and S		State Zin	Code)							
Dusiness of K	estactice Ac	idiess (iva	moer and c	ficer, erry,	, o.u.c, 231p	C0 00 /							
Name of Asso	ciated Brok	er or Deal	er										
States in Whi	ch Person L	isted Has	Solicited or	Intends to	Solicit Pur	chasers							
	"All States								,			All State	es
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[MT]	[NE]	[NV]	[HH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (L	ast name fir	st, if indiv	idual)										
Business or F	esidence A	Idrese (No	mber and	Street City	. State. Zin	Code)							
Dustiless Of L	esidence Al	P (17U	wild		,,p	· · · · · · · · · · · · · · · · · · ·							
													
Name of Ass	ociated Brol	cer or Dea	ler										
States in Wh	ch Person I	isted Has	Solicited o	r Intends to	Solicit Pu	rchasers							
	k "All States											All Stat	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	1
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	OM] [aqi	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK] [WI]	[OR] [WY]	[PA] (PR)	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[** 1]	[11.1]	[117]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
Type of Security	Offering Price	Sold
Debt	\$0	\$0
Equity	\$0	\$ 0
Common Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	\$0
	\$500,000,000(b)	\$168,746,738
Total	\$500,000,000(b)	\$168,746,738
Answer also in Appendix, Column 3, if filing under ULOE.	-	
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
	Number Investors	Dollar Amount of Purchases
Accredited Investors	11	\$168,746,738
Non-accredited investors	0	\$0
Total (for filings under Rule 504 only)	N/A	SN/A
Total (for filings under Rule 504 only)	Type of	Dollar Amount
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering		Dollar Amount Sold
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505	Type of	Dollar Amount
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering	Type of Security	Dollar Amount Sold
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505	Type of Security N/A	Dollar Amount Sold SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A	Dollar Amount Sold SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees	Type of Security N/A N/A N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A N/A N/A	Dollar Amount Sold \$N/A \$N/A \$N/A \$N/A \$0 \$0 \$0 \$0
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A N/A N/A N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A SN/A SN/A SO SO SO SO SO SO

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Shares are identical in all other respects.

(b) Open-end fund; estimated maximum aggregate offering amount.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O			
	b. Enter the difference between the aggregate offering price given in response to Part C - Question total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			
	proceeds to the 133acr.			
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used	òr ea	ch	\$500,000,000
·	of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check to the left of the estimate. The total of the payments listed must equal the adjusted gross proceed issuer set forth in response to Part C – Question 4.b above.	the b	ox	
	(n	
			Payments to Officers,	
			Directors, & Affiliates	Payments to Others
	Salaries and fees	⊠ so	0	⋈ \$ 0
	Purchase of real estate	∑ s	0	⊠ 50
	Purchase, rental or leasing and installation of machinery and equipment	⊠ sa	0	⊠ \$0
	Construction or leasing of plant buildings and facilities	∑ s	0	⊠ \$0
	Acquisition of other businesses (including the value of securities involved in this			
	offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	⊠ s(0	⊠ s 0
		Z] <u>s</u>		⊠ 50
				<u> </u>
	Working capital	⊠ <u>s</u>	0	\$0
	Other (specify): Portfolio Investments	⊠ <u>.</u>	0	\$500,000,000
		_		K=7
		⊠ <u>s</u>	0	⊠ so
	Column Totals	⊠ <u>s</u>	0	\$500,000,000
	Total Payments Listed (column totals added)		\$500,000	,000
	D. PERDURAL CICAL STUDE			
	D. FEDERAL SIGNATURE			
signati	suer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice if file ure constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon the following furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	d und on wr	der Rule 505, the itten request of it	following s staff, the
	(Print or Type) Signature (5)(2) of Rule 302.	D	Date	
	n Global India Fund, Ltd.		January	30, 2008

ATTENTION

General Counsel and Vice President of the Investment Manager

Name of Signer (Print or Type)

Jim Plohg

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

